after death.

24 hours

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	16941			CERTIFICAT	E OF DEATI	1		2113	23
1.	PLACE OF DEAT a. COUNTY	Н				CE (Where deceased		on: Residence	before admission
				MARYLAND		YLAND	D. COUNTY	ST. MA	ARY S
	b. CITY OR TOV write RURAL	/N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	foutside corporate	Ilmits, write Ri		
	RURAL	ALLEY LEE	Mes	22 YEARS	RURAL	VALLEY	LEE		
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not In I	nospital, give street address)	d. STREET ADDRESS				ON A FARM?
		Fi	rst	Middle	Last	4. DATE	Month	Day	Year
		EAR	L		BARNES	DEATH	ECEMBER	3.	1965
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		9. AGE	(In years IF UN		IF UNDER 24 HR
		WHITE		DIVORCED	JULY 24, 1903	62		tns Days	Hours Min.
10a.	USUAL OCCUPA	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR				2. CITIZEN	OF WHAT
		me mot oven u terme			1000	GEORGIA			
13.	FATHER'S NAM	E	,		14. MOTHER'S MAI		-		
	Тном	MAS BARNES			Ma	PY 7/2			
15.	WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO. 17.		111	Address		
(169	, no, or unkown)	(If yes give war or dates o		20_16_2120 FI	OSSIE BARNE	e VALLE	v 1 ==	Manuela	1410
T	18. CAUSE DF	DEATH [Enter only on			OGOTE DAKNE	O VALLE	Y LEE		RVAL BETWEEN
		EATH WAS CAUSED BY			1 .			ONS	ET AND DEATH
	410	1		excary vec	- Coh				Thoug
	1 0	DOL	(h) (marken 1 Rea				্য	years
	gave rise to	Immediate (TO (0)	once you					
		tuting the	(1)	include to	· Iller	111		5	years
S -				UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITIO	NGIVEN IN PART	1(a) 119.	WAS AUTOPSY
EA	at	6		marking lot	to lut				PERFORMED?
트 -	20a. ACCIDENT	WAS UNDERLYING	1 200	DESCRIBE HOW INTURY OCCI	IRRED (Enter nature o	f Injury in Part I o	r Part II of Iten		2 140
8	OR CONTRIBUT	ING CAUSE OF DEA	TH NER)	22001122 11011 1100111 0001	Jimes. (Enter nature e	, mjary m raje i o	1 1 11 11 11 11	11 20.,	
				INITIRY OCCURRED 1204 PLA	CE OF INITIDY Home f	arm 1 204 (City (or town)	(County)	(State)
MEDIC	Hour a.	n.	While	Not While facto	ory, street, office bldg.,	etc.)	n town,	(Gounty)	(State)
	21. I certif	y that (I) (this hose	ital attend	led the deceased from	Mag	957 to	Jec 3.1	45 th	at (I) (we) las
	saw the de	ceased alive on	No	1962 and that	t death occurred at_				
	22a. SIGNATU	RE						DATE SIG	NED
			ß	Menn M.I	D. PHYS.		iys. 12	1-3-	65
		mo)		1	22d. ADDRESS			F 1 - 70.2	
1.		۲. ا	BEAN	M. D.		GREAT M	ILLS, MA	RYLAND	
D. CITY OR TOWN (if outside corporate limits, write RURAL and give near times, write RURAL and give near times. So a write RURAL and give near times, write RURAL and give near times. So a write RURAL and give near times, write RURAL and give near times. So a write RURAL and give near times, write RURAL and give near times. So a write RURAL and give near times, write RURAL and give near times. So a write RURAL and give near times, write RURAL and give near times. So a write RURAL and give near times, write RURAL and give near times. So a write RURAL and give near times, write RURAL and gi	(State)								
ST. MARY S D. CUITO RO TOWN (if Outside corporate limits, write RURAL will be compared town) RURAL VALLEY LEE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME DF DECEASED G. COLOR OR RACE THOMAS BARNES G. COLOR OR RACE THOMAS THOMAS THOMOSTIN THOMAS	MARYLA	ND							
				111-20-4-	25a. RE	C'D BY REGISTRAR	25b REGIST	RAR'S SIGNA	ATURE
M	GLARKE	MATTINGLEY	LEONA	ROTOWN, MARYLA	ND DATE	6 1965	1 your	Jan Jan	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

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West State	The same of the sa	
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ARYLAND		EAST . J. BEAST
4/7•JY,	W. Tolking T. T. W. Tolking T.	TOTAL

W. A. ARC WATTIMERY LEGIMANTOMI, DIARPLANT

FOR STATE HEALTH DEPT.

nd 3 to me funeral Page 5 may TO DEPUTY MEDI. EXAMINER: This certificate should be executed within 24 hours after death. If any delay pessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

16942 MEDICAL FXAMINER'S CERTIFICATE OF DEATH

7007					2113 (134 3
1. PLACE OF DEAT a. COUNTY	ST. MARY'S		a. STATE	b. COUNT	itution: Residence before admission)
Write RURAL	VN (If outside corporete lim end give nearest town) ABELL ST.PATRI		c. CITY OR TOWN (If	RYLAND outside corporate limits, write	ST. MARY 5 te RURAL and give nearest town)
		ot in hospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
					YES NO X
3. NAME OF DECEASED (Type or print)	First T HOMAS	Middle Dewey E	Lest	4. DATE Month OF DEATH DECEMBER	Day Year 23. 19 65
s. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	FUNDER 1 YEAR IF UNDER 24 HRS
MALE	100	DOWED DIVORCED	MARCH 8, 199	est birtiday) 65 yrs.	Months Days Hours Min.
Oa. USUAL OCCUPA	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
WATERMA			COLTON PO	INTH MARYLAND	U.S.A.
13. FATHER'S NAM	AE.		14. MOTHER'S MAIL	DEN NAME	
	HENRY BLACKIS			LE COOK	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17	. INFORMANT	Address	
No	(11 hea flate was of merces of set an		ARY LILLIAN	BLACKISTONE A	BELL MARYLAND
1 18. CAUSE OF	DEATH (Enter only one cau	se per line for (e), (b), end (c).]	PINT BISCINK	DEACK BIONE A	INTERVAL BETWEEN
	EATH WAS CAUSED BY:	9 -			ONSET AND DEATH
850	IMMEDIATE CAUSE (e)_	Willer	ving		- langues
	DUE TO		02		
Conditions, if			9		
cause (a),					
underlying cau					
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RE		DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO P
200 EYTERN	L'CALICE WAS	20b. DESCRIBE HOW INJURY OC		f Injury In Part I or Part II of	
	CAUSE WAS CONTRIBUTING [Fell	over boa	rd while or	gelering
Hour •	14-40 (5	אווווע אוווען אוווען אוווען	LACE DF INJURY (Home, factory, street, office bldg., e	arm, 2Df. (City or town)	(County) (State)
				Inspection Inqui	ry 4, and in my opinion
		the remains described above, I			,
death resul	ted from: Natural caus	ses , Accident , S	Suicide 🔲, Homici		manner [_]
ACTUAL SIGNATURE	Mus	Bond	CHIEF MEDICAM.D. ASSISTANT ME	DICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type)	WILLIAM	D BOYD	DEPUTY MEDIC Address (Stree	cal EXAMINER (1)	12/24/0
3a. BURIAL CRE	MATION, 23b. DATE THER	EOF 23c. NAME OF CEMETE	RY OR CREMATORY	23d. LDCATION (City, to	wn or county) (State)
BORIAL,	965 12/27/65	SACRED HE	ADT	Puntus	Manus
24. FUNERAL DIR		ADDRESS	25a <u>.</u> RE	C'D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
		FONARDTOWN. MARVI	n F	C 28 1965 80	harles Judge

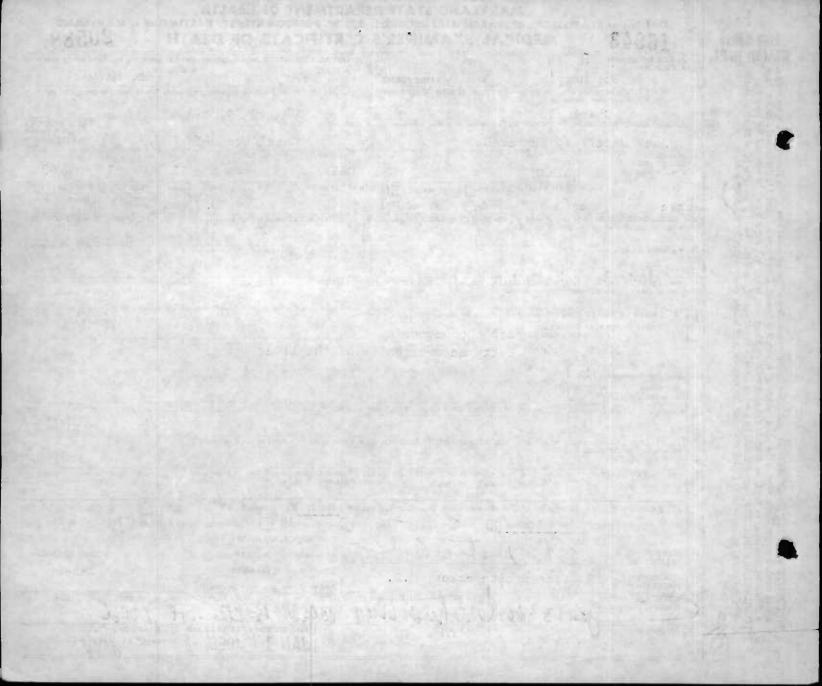
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	30715 4 81:41			
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	орожилия	THE CAUSE COMMON TO	HS1 = 824 , 191	1 25.0

TO DEPUTY INCLESTABINER: This certificate should be executed within 24 hours after death. If any the funeral director. Page please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may, be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 6 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours and death. VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
18943 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
20588

	70070		tem #/ &	12 17	m. 11 (+3 7)	2 1/20/66	nc -		000	0
	LACE OF DEATH			2. T	JSUAL RESID	ENCE (Where de	eceesed livad, If			edmission)
	-	t. Mary's	MARYLAN		. STATE Mar	ryland	b. COUN	™St. Ma	rv's	
b.		if outside corporate limits,	c. LENGTH OF STAY IN			/N (If outside corp				ownl
100		giva nearast town)								,
		Charlotte Ha				harlotte	Hall			
d.	. NAME OF HOSPIT	TAL OR INSTITUTION (if n	ot in hospital, giva streat address)	1	. STREET ADDRI	ESS				RESIDENCE N A FARM?
	Jack Ma	ttingly Lumb	er Co.		C1	harlotte	Ha11, N	ld.	YES [NO
	NAME OF DECEASED	First	Middle		Last	4. DATE	Mont	D.	ву Ү	ear
	Type or print)	WAYMAN			AIN	OF DEATH	12	2	3 1	9 65
5. 5	EX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DAT	OF BIRTH	9	. AGE (In years			ER 24 HRS.
m.a	ale		VIDOWED DIVORCED				35? yrs,	Months Day	s Hours	Min.
		ION (Give kind of work	106. KIND OF BUSINESS OR IND	USTRY 11.	BIRTHPLACE (5	tata or foreign con		1 12. CITIZEN	OF WHAT	COUNTRY?
done	during most of wo	rking life, even if retired)								
40							17.01	Unk	nown	
13.	FATHER'S NAME			14. /	NOTHER'S MAID	DEN NAME				
15. \	WAS DECEASED EVI	ER IN U.S. ARMED FORCE fyes giva war or dates of serv	16. SOCIAL SECURITY NO.	17. INFOR	MANT		Addrass			
(ras,	no, or unkown) (II	i yes giva war or dates of serv	ice)							
1	18. CAUSE OF D	EATH [Enter only one ca	use par lina for (a), (b), and (c).]						NTERVAL B	FTWFFN
	PART I. DEATI	H WAS CAUSED BY:							ONSET AND	
		IMMEDIATE CAUSE (a)	Bronchopneumonia	a						
	5810	DUE TO	Fatty metamorpho	osis o	f the 1	iver				
	Conditions, if any									
	gave rise to immedi	> DUE TO								
	(e), stating the us	(c)								
z	PART II. OTHER		NS CONTRIBUTING TO DEATH BU	JT NOT RELA	TED TO THE TER	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS	AUTOPSY
일									PERI	ORMED?
5									YES K	NO L
2	20a. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		DESCRIBE HOW INJURY OCCUR	ED. (Entar ne	fure of injury in	Part I or Pert II of	itam 18.)			
¥-	20c. TIME OF INJU	RY Month, Day, Year	20d. INJURY OCCURRED 20e	. PLACE OF	INJURY (Home,	ferm, 20f. (City	or town)	(County)		(Steta)
MEDICAL	Hour e.m.		WhileNot Whila		eet, office bldg.,			, , , , , , ,		(0.0.0)
-	p.m.	19	at work et work			1				
	21. I certify th	at I took charge of t	he remains described above	e, held an	Autopsy X	, Inspection	, Inqui	y , ar	nd in my	opinion
	death resulted f	rom: Natural calus	es X, Accident ,	Surcide [, Homici	de 🔲, Un	determined m	an ner		
		111		//-	CHIEF MEDIC	AL EXAMINER	1	21-29		
	ACTUAL	(//)	Terus (1)	1	ASSISTANT /	MEDICAL EXAMIN	ER 📆		DATE SI	GNED
	SIGNATURE	10		M.I).	ICAL EXAMINER	- Lance		1-5-	
	EXAMINER'S NAME (Type)	Rudiger Br	eitenecker, M.D	. /		et, city, town, or	THE RESERVE THE PARTY OF THE PA		1-0-	00
222	BURIAL, CREMATIO	N. 226. DATE THEREOF	226 NAME OF CEMETER	Y OR CREM	ATON O		ION (City, town	, or country)	(St	ete),
6	REMOVAL Specify	Jan 13-6	6 V. Ofwel 6	Med.	Telway	Balt	theort	Mid	1-1	
23.	FUNERAL DIRECTO	R	ADDRESS		24e.	REC'D BY REGIST	RAR 246. REG	TRAR'S SIGN		
		25 10 10 15			JA	N 14 19	66 /	to Carrier	noge	
					I DAIL			- 0	V	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT. delay is & Give Pages 1, 2, and 3 to PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department of Health or its designoted agent, prior to burial, crematian, or removal, and in any event within 72 hours offerdeath. along with farm after deoth. If the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office This certificate should be executed within 24 in pencil in "pending" necessory, please execute the certificate, writing the ward TO DEPUTY MEDICAL EXAMINER:

> VR A15ME (5) 6M 1/66

> > 150517

MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

103	를 N	INILD	ICAL LAAMINEN	CENTILICATE (DI DEATH	61	1360
1. PLACE OF DEATH				O STATE	(Where deceosed lived, if institut b. COUI		efore odmission)
0. 000111	ST. MARY'S		MARYLAND	MARY	LAND	"ST. M	ARY S
	V (If outside corporate limit	S,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporote limits, write RUI	RAL ond give ne	orest town)
CLEMEN	ond give neorest town)		LIFE	X RURAL	CLEMENTS		
d. NAME OF HOS	PITAL OR INSTITUTION (If no	ot in hospitol,	give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	Fi	rst	Middle	Lost	4. DATE Mont	h	Doy Year
(Type or print)	Rich	ARD	MAURICE	CARTER	DECEMB		,
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA	
MALE	COLORED	WIDOWED	DIVORCED	OCT .21.1965	lost birthdoy)	Months Do	ys Hours Min.
	ION (Give kind of work done ng life, even if retired)		IND OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN COUNT	
A FATHER'S MANE					RYLAND	U.S.	Α.
13. FATHER'S NAME	21. 1	1-	1 1.	14. MOTHER'S MAIDEN			
	narles	15977	K/1'27	GRAC	E ELIZABETH CA	RTER	
	EVER IN U.S ARMED FORCES? n) (If yes give wor or dotes or	of service) 16.	SOCIAL SECURITY NO. 17	. INFORMANT	Addre	955	
	/ / 3			MOTHER	SAME AS # 2 AB	OVE	4
	DEATH (Enter only one cou	ise per line for	(o), (b), ond (c).)				INTERVAL BETWEEN
PARI I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	PNEUMONIA				ONSET AND DEATH
493	DUE	TO					
	ny, which gove	(b)	RMXMMXM	XX		100	ASAMAS.
	derlying couse DUE	TO					0.10.10.10.10.10.10
lost.	, ,	(c)					
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)		19. WAS AUTOPSY PERFORMED?
200. EXTERNAL PRIMARY OF CALLES OF DEATH		E361577					YES NO TO
20a. EXTERNAL		20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)		LX
	CONTRIBUTING 1.						
2	NJURY Month, Doy, Year	20d. II	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, farr	n, 20f. (City or town)	(County)	(Stote)
Hour	o.m.	While of work		octory, street, office bldg., etc.		()	(5.5.5)
	p.111.			hold an Autonia	Inspection 1		. 1 :
					Inspection , Inqu		and in my apinian
deam less	ulted fram: Natura	al causes [Accident [, Su	picide , Hamicide		anner	
ACTUAL	/1/2 S	17/0/		CHIEF MEDICAL			22. DATE SIGNED
SIGNATURE	if flowy	100	TEX	m.D.	DICAL EXAMINER AL EXAMINER		
EXAMINER'S NAME (Type)	WILLIAM D.	Boyn A	M.D.		t, city, town, or county)		12/28/16
30. BURIAL, CREMA			23c. NAME OF CEMETERY O		23d. LOCATION (City or Tov	wn) (Cou	unty) (Stote)
REMOVAL (Spec							,,
24. FUNERAL DIREC		1.05	SACRED HEA		D BY REGISTRAR 256. RE	GISTRAR'S SIGNA	TILIRE MO.
				nc		licerely	
WOLLA	ARKE MATTING	LFY	LEGNARDTOWN	Mo. DATEL	C 3 0 1965 /C	Land Card	* Long

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			attended to the	

completely filled in by the funeral on papers. Pages 1 and 2 should thin 72 hours after death IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove due be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, we

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	16945			CERTIFI	CAT	TE OF DEA	TH			903	226	
1	. PLACE OF DEAT	H				2. USUAL RESID	ENCE (Whe					dmission)
	St.	Mary's		MARYL	AND	•. STATE Ma	rylan	d b. (COUNTYSt	. Ma	ry's	
1	b. CITY OR TOWN write RURAL en	(if outside corporate limit d give neerest town)	\$,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (If outside	corporete limits	, write RURAL	and give	nearest tow	n)
Y	Rur	al			NIN	Rural,		t Mill	S			
		ITAL OR INSTITUTION (in				d. STREET ADDRE	SS	ROUTE VOI				SIDENCE A FARM?
1		Hospital,	Patu	xent Rive	er						YES [-
3	NAME OF DECEASED	First		Middle		Last	4. DA	TE	Month	Dey	Year	
	(Type or print)	Sigri		irgitta		Cobb		ath De	cembe	r 7	19	65
1	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In last birth	years IF UND day) Month			
	Female	Cauc	WIDOWED	DIVORCED		December	7,65		yrs.	Days	Hours	55
1	IOa. USUAL OCCUPA done during most of w	TION (Give kind of work orking life, even if retired	10b. KI	ND OF BUSINESS OR I	NDUSTR	11. BIRTHPLACE (C	ounty & State	, or foreign co	untry) 12.	CITIZEN C	F WHAT C	OUNTRY?
						Saint M	ary's	Mary	land		USA	
1	13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME			of the set		
		Milton Col				Elizabet	h S.	Rydebe	rg			
	IS. WAS DECEASED EV (Yes, no, or unknown)	YER IN U.S. ARMED FOR (If yes give war or dates of se	CES? 16.	SOCIAL SECURITY NO.	. 17. I	NFORMANT		Greenv	drew K	noll	s,	
	NO			NA	Sta	anley M C	obb	Great	Mills	, Ma	ryla	nd
		DEATH [Enter only one	cause per li	ne for (e), (b), and (c).]					INI	TERVAL BET	WEEN
	PART I, DEA	TH WAS CAUSED BY, IMMEDIATE CAUSE (a)_	Cer	ebral And	oxia	1.						
1	7625	DUE TO										
	Conditions, if an		Car	dio-resp	irat	cory fail	ure					
4	gave rise to immed (a), stating the		-								TIDO	
1	cause last.) (c)_		maturity						9		
3	PART II. OTHE	R SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINAL DISE	ASE CONDITION	N GIVEN IN P.	ART 1(a)	19. WAS A PERFO	UTOPSY RMED?
5 3	3										YES	ио ∏
1	OR CONTRIBUTING	VAS UNDERLYING A	20b. DES	CRIBE HOW INJURY O	CCURRE	O. (Enter neture of injur	y in Part I or	Pert II of item 1	B.)			
		Y MEDICAL EXAMINER)						100				(0)
1	20c. TIME OF INJ	URY Month, Dey, Yea	While	NJURY OCCURRED 2		CE OF INJURY (Home, ory, street, office bldg.,		(City or town)	(,	County)		(State)
1	- print	19	at work				1	77 70				
		that (I) (this hospit										
		sed alive on7I	Jece m	De 119.0.2., and	d that	death occurred at	Y DM, H	rom the cau	ses and on	the dat		
1	22a. SIGNATURE	000	0	114		ATTENDING	MED.	STAFF		0	22b.	DATE SIGNED
	22c. PHYSICIAN'S	Johns	1	Muly	M.	D. PHYS. 22d. ADDRESS	DIRECTOR	PHYS.		Vie	1965	
	NAME (Type	\ \ \ \	HERT	Y LT AC	USN		osp P	ax Riv	Md			
-	3a. BURIAL CREMAT	TION, 23b. DATE THER	EOF	23c. NAME OF CEM	NETERY C			LOCATION (Ci		unty)	(St	ate)
1	REMOVAL (Specify	1 22/10/	65	ARLINGT		ATIONAL CE			GTON.V			
-	A FUNERAL SIRVICTO	IRIS SIGNATURE		- ADDRESS	VIV 1V.			GISTRAR 251				
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16946 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY b. COUNTY ST. MARY S MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEONARDTOWN 17 DAYS LEONARDTOWN e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS CHURCH YES NO X ST. MARY S HOSPIRAL Middle 4. DATE Year 3. NAME OF First Lost Month Doy DECEASED PATRICK 65 GEORGE COMBS DECEMBER 16 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Hours Months MARCH 17.1904 WIDOWED DIVORCED MALE WHITE 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY CIVIL SERVICE U.S.A MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK J. COMBS SUSIE ABEL 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U.S. ARMED PORCES!
(Yes, no, or unknown) (If yes give wor or dotes of service) 219-05-1152 BERNARDINE G. COMBS LEONARDTOWN. MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office blda., etc.) While ot work ot work 21. I certify that (I) (this haspital) attended the deceased from 19 19____, that (I) (we) last , ta ond that death accurred at.... M, from causes and an the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS JOHN F. FENWICK M.D NAME (Type) LEONARDTOWN, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION, (County) BURIAL (Specify) DEC. 18. 1965 OUR LADY'S CHAPEL MEDLEYS NECK. MARYLAND 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

LEONARDTOWN. MARYLAND

executed within 24 hours ofter deoth. funeral I and er death ofter completely filled in by the ove carbon papers. Poge y event, within 72 hours o emove carbon ATTENDING PHYSICIAN: The law requires that the death certificat physi 0 burial, cremation, or removal, Then the burial-transit þ Poge 4 may be retoined by the hospitol or attending physicion. signed l prior to hos use State Dept. of Heolth certificote for detoched TO FUNERAL DIRECTOR: After this 3 shauld with the director, page should be filed should

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1694	7		CERTIF	ICATE	OF DEATH				21	32	8
1. PLACE OF DEATH				1,14	2. USUAL RESIDENCE (V	Where deceas			nce befare	admissi	an)
a. COUNTY	ST. MARY'S		MAR	/LAND	a. STATE MARYL	AND	b. COU	ST.	MAR	YIS	
	(If outside corporate limit	s,	c. LENGTH OF STAY		c. CITY OR TOWN (If au		ite limits, write RU				133
	nd give nearest tawn)		D.O.A.		Y RURAL	ABEL	1				
d NAME OF HOSP	RDTOWN, ITAL OR INSTITUTION (If no	ot in hasnital a		-	d. STREET ADDRESS	71022	-		1	e. IS RESI	DENCE
	MARY & HOSE				1					ON A F	ARM?
3. NAME OF		rst	Middle		Last	4. DATE	Man	ith	Day	Ye	ar
(Type or print)	WILL	. I AM	EDWARD	Di	XON SR.	OF DEATH	DECEMBE		21,		65
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	В	. DATE OF BIRTH	9	AGE (In years last birthday)	IF UNDER Manths	1 YEAR Days	IF UNDE Haurs	R 24 HRS
MALE	WHITE	WIDOWED	DIVORCE		Ост.15.1876	5	89 yrs.	Wallilla	Days	nauis	Will.
10o, USUAL OCCUPATIO	ON (Give kind of work done		D OF BUSINESS OR		11. BIRTHPLACE (Caunty		reign country)		TIZEN OF	WHAT	
during most af workin	g life, even if retired)	INI	DUSTRY				Russia		OUNTRY?		
13. FATHER'S NAME	NO IN				14. MOTHER'S MAIDEN I	NAME	11000111		AUAF		
	2 2			-	2	2					
15 WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	1 16 9	OCIAL SECURITY NO.	17 E	NFORMANT		Addr	226	-		
(Yes, no, ar unknawn)	(If yes give war or dates	of service)									
			NONE	HERN	AN W. DIXO	A V	BELL, MA	RYLAN			
1B. CAUSE OF I	DEATH (Enter anly ane cau ATH WAS CAUSED BY:	4	1) 0	0 0	1					ERVAL BET	
A A CO	IMMEDIATE CAUSE	(a) My	ocerdia	0 4	nfarchion	<u></u>			30) me	NE
420	DUE	TO 0 -)	A	0 .~				9		
Canditians, if an		(b) UV	Chio sch	arche	c heart	91 sea	re		ac	yea	43
stating the und		TO								100	
last.)	(c)				133		3.3			
PART II. OTHER	SIGNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CON	NDITION GIVE	N IN PART 1(a)		19.	WAS AUT	OPSY
20a. ACCIDENT WORK ON CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF IN Hour of									Y	PERFORM	NO T
20g. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter nature of injury in	Part I or Par	t II of item IB.)				
OR CONTRIBUTION	G □ CAUSE OF DEATH										
S 200 TIME OF IN	Y MEDICAL EXAMINER) IJURY Month, Day, Year	204 IN	JURY OCCURRED	200 PLAC	E OF INJURY (Home, farm	n. 1 20f.	(City or tawn)	(Co	unty)		(State)
Haur of	ı.m.	While	Nat While		ry, street, office bldg., etc.)		(city of lawn)	/00	, o, i, i j		(Sidio)
-	o.m. 19	at wark						10	- 1	. (1)	
	tify that (I) (this has	spital) attend					0			at (I) (
	deceased alive an_		19	and that	death accurred at	N	A, fram causes				d abov
220. SIGNATUR		7			ATTENDING A	MED.	STAFF -		ATE SIGN		1
10	un t.	ter	met	M.D	. PHYS.	DIRECTOR	PHYS. L	7 / 7	2	2-6	7
22c. PHYSIETAN NAME (Typ		FENWI	к M. D.		22d. ADDRESS	EONARD	TOWN, MA	RYLAN	D		
23o. BURIAL, CREMAT	TION, 23b. DATE TH	EDEUE	23c. NAME OF CEM	ETERY OR C	PEMATORY	73d 10	CATION (City or To	nwn)	(Caunty	19	State)
BREMOVAL (Speci	fy) 12/23								. ,		
	10100	700		IVIEMOR	IAL GARDENS	D BY REGISTE	LDORF,	CHAR			D.
24. FUNERAL DIRECT			ADDRESS		27		1001	EGISTRAR'S	(1)		
W. CLARKE	MATTINGLEY	LEONAF	DTOWN. MA	RYLAN	D DATE O	7 19	65	conces	Kon	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and it shy event, within 72 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

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FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay a cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR ALSME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH

Obvision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL FYAMINED'S CERTIFICATE OF THE PROPERTY OF THE PROPERT

EDIONE EMMINER O	C	C C M 6?
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	sidence before admission)
Saint Mary's MARYLAND	Maryland Saint	Mary's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Patuxent River, Maryland	KLexington Park, Maryland	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM?
Station Hospital, USNAS PAX RIV MD	62 Salamaua Court	YES NO
3. NAME OF First Middle	Lest 4. DATE Month	Day Year
DECEASED (Type or print) John Douglas F	Fenton DEATH December 14	1965
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
Male Caucasian WIOOWEO DIVORCEO	August 31, 1965 yrs. 3	17 Hours Mill.
102. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT
during most of working life, even if retired) INOUSTRY		SA
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
Don Joseph Fenton	Virginia E. Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 625 Salamana Court	
(Yes, no, or unkown) (If yes give war or dates of service)	1.1	land
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Lexington Park, Mary	INTERVAL BETWEEN
		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) Aspiration 92/0 DUE TO		Immediate_
502.10		
Conditions, if eny, which gave rise to immediate (b)		
ceuse (a), steting the DUE TO		
underlying cause lest. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/a)	119. WAS AUTOPSY
PARTITION THER SIGNIFICANT CONDITIONS CONTRIBUTING TO USATA BUT NOT REL	ALED TO THE LEMINARE DISEASE COMPANY OF THE STATE OF THE	PERFORMED?
U COO EVERNAL GALLOS WAS LOOK DESCRIPT HOW INVESTIGATION OF	URREO. (Enter nature of injury in Part I or Part II of Item 1B.)	
PRIMARY Or CONTRIBUTING	. + 1 - " "	
GAUSE OF DEATH.		nty) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PL	ary street office bldg etc.)	
		Mary Med
21. I certify that I took charge of the remains described above, he		and in my opinion
death resulted from: Natural causes , Accident , Su	nicide , Homicide , Undetermined manner	
41 m	CHIEF MEDICAL EXAMINER	22. OATE SIGNED
	A.O. ASSISTANT MEDICAL EXAMINER	10 2000 11
EXAMINER'S TO TOWN THE MENT OF	DEPUTY MEDICAL EXAMINER A NAS Patu Address (Street, city, Town, or county)	xent Riv Md
NAME (Type) E. L. MARCUS, LT MC USINK		
230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)		
Trensit 12/15/65	Jasper Alabam	SIGNATURE
24. PONERAL DIRECTOR AUGUSTON AOORESS	DEC 17 1965 Furnis	usy
P.B. Robinson - Leonardtown, Maryland	Utate 1 (1300 /	
5-17/28		

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executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
SQLQ
CERTIFICATE OF DEATH

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1.	PLACE DF DEAT a. CDUNTY			Mady	(LAND	2. USUAL RESIDEN a. STATE	CE (Where dec yland	eased lived, If ins b. COUN	ITY	**		mission)
	b. CITY DR TOW write RURAL	VN (if outside corporate and give nearest town	limits,	c. LENGTH OF STA		c. CITY OR TOWN (I	f outside corp	oorate limits, wr		and give		t town)
		onardtown					ptico					
		SPITAL OR INSTITUTION		nospital, give street a	address)	d. STREET ADDRESS					IS RES	ARM?
2		Marys Hospi					ral					NO X
3.	NAME DF DECEASED (Type or print)	MAY	it	Middle	FO	Last WLER	4. DATE DF DEATH	Decemb		Day 7	Yea	
5.	SEX	6. CDLOR OR RACE	7. MARRIEI	NEVER MARRIE		DATE OF BIRTH	9.	ACF (In years	IFTINDER 1			
	emale	white	WIDDWED	DIVORCE		11 / 30 /	1891	last birthday) 74 yrs.		Days	Hours	Min.
1Da dur	. USUAL OCCUPAT	TION (Give kind of work d	one 10b.	KIND OF BUSINESS OI INDUSTRY	R	11. BIRT HPLACE (C	County & State,	or foreign country) 12. CI	TIZEN C	F WHAT	
		ewife		Oomestic		Morganza	Manul	and		JSA		
13.				0200010		14. MDTHER'S MAIL	DEN NAME	- CALLO		700		
		John H. Re					Mar	y Dallar	n			
		EVER IN U.S. ARMED FDF		. SDC IAL SECURITY NO	0. 17. 17	FDRMANT		Addres	SS			
	no				780	k M. Fowle	r - san	e as # :				
1	18. CAUSE DF	DEATH [Enter only one	cause per	line for (a), (b), and (7	ı ban	-		INTER	VAL BET	WEEN
- 1		EATH WAS CAUSED BY:		0		1//	1 0			ONSE	J AND D	EATH
	1/201	IMMEDIATE CAUSE (a)	Coro	nar	y dong	arch	chri		in	2 m	- North
	4401	DUE 1	D		<				755			
	Conditions, If gave rise to		b)									
	canze (a)' a		0									
	underlying caus	an load	c)									
ATION	PART II. OTHER S	SIGNIFICANT CONDITION		UTING TO DEATH BUT	NOTRELATE	D TO THE TERMINAL	DISEASE CON	DITIDN GIVEN IN	PART 1(a)		WAS AU PERFORI	MED?
FIC										YES		NO 🗌
CERTIFICATION	DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ING CAUSE DF DEAT TIFY MEDICAL EXAMIN	H ER) 20b.	DESCRIBE HOW INJU	RY DCCURF	RED. (Enter nature o	f injury in Pa	rt i or Part ii o	f Item 18.)			
	20c. TIME DF	INJURY Month, Day, Y	ear 20d.	INJURY DCCURRED	2De. PLACE	OF INJURY (Home, fa	arm. 20f. (City or town)	(Cour	itv)	(S	tate)
MEDICAL	Hour a.r	m.	While			street, office bldg., e		,	,	,,		
Z	p.t		at wor									
	21. I certif	fy that (i) (this hospi						12-27			it (1) (w	
		ceased alive on	2 - 7	G 19 65	and that d	eath occurred al	245 M, fro	m the causes				above.
	22a. SIGNATU	RE	9-7	1 1					22b. DA	TE SIG	NED	
		Mari	1)/	Scent .	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	12	2/27	165	
	22c. PHYSICIA	AN'S		-		22d. ADDRESS				-//		
	NAME (T)	Wm. D.	Boyd.	M.D.		Leonard	town. M	arvland				
23a	BURIAL, CREM	MATIDN J 23h DATE TO		23c. NAME OF C	EMETERY O			CATION (City, to	wn or cou	nty)	(St	ate)
	REMDVAL (Spo	ecify)	65							• /		- 1
24	FUNERAL DIRE		1	All Fait	n ceme		C'D BY REGIS	rlotte H	EGISTRAR'S	SIGNA	TURE	d
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	P.B. R	obinson - L	eonard	town, Mary	land	DATE	29 18	365	- Prog	Jan	0	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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pmpletely filled in by the funeral over corbon papers. Pages 1 and 3 y event, within 72 hours ofter death		PLACE OF DEATH a. COUNTY ST. MARY S		MARYLAN	o. STATE	Where deceased lived, if institution: b. COUNTY LAND	Residence befare admission) ST. MARY 5
by the furs. Pages 1 hours ofter		b. CITY OR TOWN (If outside corporate limit write RURAL and give nearest town) EONARDTOWN,	S,	c. LENGTH OF STAY IN 18	l V	utside corporate limits, write RURAL c	and give nearest town)
led in 1 oppers. in 72 ho		d. NAME OF HOSPITAL OR INSTITUTION (If n		ive street address)	d. STREET ADDRESS	SHXHX&&XXKKEX	e. IS RESIDENCE ON A FARM? YES X NO
unded within 24 in maletely filled in we corbon paper event, within 72	119		irst	Middle GpEENWELL	last GRAVES	4. DATE Month OF DEATH DECEMBER	Day Year
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cion repo eas repo ond in ony		. USUAL OCCUPATION (Give kind af work done ing mast af warking life, even if retired) FARMER	IND	ND OF BUSINESS OR DUSTRY FARMING.	11. BIRTHPLACE (County	/ & State, or foreign country) MECHANICSVIL	12. CITIZEN OF WHAT COUNTRY?
physicion nen pleas noval, ond	13.	FATHER'S NAME ZACHARICK SAI			14. MOTHER'S MAIDEN	NAME NE ELIZABETH BIS	Market and an area
death c rending mit. Th	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? os, na, ar unknawn) (If yes give war ar dates YES	of service) 16. S	17-36-6337	17. INFORMANT EDNA B. GRAV	Address	CSVILLE
requires that the death certificate be executed within 24 hours after death physician. I signed by the attending physician and completely filled in by the funeral burial-tronsit permit. Then pleas reprove corbon papers. Pages I and burial-tronsit permit. Then pleas reprove corbon papers. Pages I and burial, cremation, or removal, and in any event, within 72 hours after death		18. CAUSE OF DEATH (Enter only one con PART I. DEATH WAS CAUSED BY: 1939 UMMEDIATE CAUSE 1939 UNE	use per line for (a)	(o), (b), ond (c).)	oma-Voju		INTERVAL BETWEEN ONSET AND DEATH
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attendattendattendattendattendatendatend	ATION	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I ar Part II af item 18.)	
G P The The deta	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19	While at wark	Nat While at wark	e. PLACE OF INJURY (Home, far factory, street, affice bldg., etc.)	(County) (State)
R ATTENDIN retoined by ECTOR: After 3 should be with the Sta		21. I certify that (I) (this how saw the deceased give on 22g. SIGNATURE	spital) attend	led the deceased fro	m to that death accurred at	M, from couses ond	an the date stated abo
L OR ATTEND be retoined DIRECTOR: A ge 3 should iled with the		22c. PHYSICIAN'S	inf	Ther	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR PHYS.	22b. DATE SIGNED
TO HOSPITAL OR ATTENI Page 4 moy be retoined TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	72.	NAME (Pype) TROY Burial, CREMATION, 23b. DATE TH	Lu	1 23c. NAME OF CEMETER	М	23d. LOCATION (City or Town)	(County) (State)
TO HOSPIT Page 4 m TO FUNER/ director, should be		BURIAL 12/18	8/165	MT. ZION		LAUREL GROV	E, MARYLAND
VR A15 (4)	1 24	I. FUNERAL DIRECTOR		ADDRESS	ZSO. REC		RAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		16951		CERTIFI	CATE OF	DEATH			211	232
uneral i and er deorth	1.	PLACE OF DEATH O. COUNTY ST. MAR	y¹s	MARYL	0.5	TATE MARY		d, if institution: Res b. COUNTY		MARY 1 S
cuted within 24 hours after deoth in the funeral carbon papers. Pages I and event, within 72 hours after deoth		b. CITY OR TOWN (If outside of write RURAL and give near LEONARDTOWN	corporote limits, rest town)	c. LENGTH OF STAY IN	X	OR TOWN (If outsi			give neorest to	own)
ed within 24 hc	2	d. NAME OF HOSPITAL OR INST	INTUTION (If not in hospitol, g	ive street oddress)	d. STR	EET ADDRESS			e. YES	IS RESIDENCE ON A FARM? S NO 😠
l within etely fi arbon nt, with	3.	NAME OF DECEASED (Type or print)	First	Middle MARSHAL	L HA	lost	4. DATE OF DEATH	Month ECEMBER	Doy 22.	Year 19 65
executed the complete	1	SEX 6. COLOR	R OR RACE 7. MARRIED	NEVER MARRIED DIVORCED	8. DATE	OF BIRTH 7. 1887	9. AGE	(In yeors IF UN birthdoy) Mont		F UNDER 24 HRS. Hours Min.
icate be e rsicion an please ra il, and in o	100 du	D. USUAL OCCUPATION (Give kind ing most of working life, even if FARMING		ND OF BUSINESS OR DUSTRY	11.BI	RTHPLACE (County & :	Stote, or foreign co	ountry) 1	2. CITIZEN OF V COUNTRY? U.S.	
t the death certificate the otherding physicion sit permit. Then please nation, or removal, and	13	FATHER'S NAME	Washington H	ALL	14. M	OTHER'S MAIDEN NA		BETH NEV	177	
death of trending rmit. T		. WAS DECEASED EVER IN U.S. Al es, no, or unknown) (If yes give No		NONE	MRS AG	INT ENES M. D		Address AVENUE.		ND.
requires that the death certificate be executed within 24 hours after death a physician. I signed by the ottending physicion and completely filled in by the funeral buriol-transit permit. Then please remove carbon papers. Pages I and 5 buriol, cremation, or removal, and in ony event, within 72 hours after death		PART I. DEATH WAS CA	DUE TO ve) (b)	(a), (b), and (c).)	along	colle	mon	ia V/to		VAL BETWEEN AND DEATH
aw required been signatured been signatured by the properties of t		stoting the underlying coulost.	(c)	Dial	Els.	1/	Bel	lita	14	MI
icIAN: The law repital or ottending rificote has been d for use os the of Health prior to	CATION		CONDITIONS CONTRIBUTING 1						YES	AS AUTOPSY 1 ERFORMED?
	AL CERTIFICATION	20o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH XAMINER)	SCRIBE HOW INJURY OC				1000		
by the hos wifer this ce be detoche Stote Dept.	MEDICAL	20c. TIME OF INJURY Month Hour o.m. p.m.	19 While of work	Nat While at work	foctory, stree	JURY (Home, farm, t, office bldg., etc.)		or town)	(County)	(Stote)
- D - D 0		saw the deceased	(I) (this haspital) attendive an 12	the deceased 1	ram nd that death	accurred at_				stated abav
0 0 8 0 p		22o. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	J. PATRICK	JARBOE M.	M.D. PHY	d. ADDRESS	HRECTOR L	STAFF PHYS. D	LAND	4/65
ro Hospital Poge 4 moy B To FUNERAL D director, pag should be file	23	o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF / DEC. 24, 1965	23c. NAME OF CEMEN	1	CEMETERY	B. SHW	(City or Town)	(County)	(Stote)
VR A15 (4) 20 M 1/66		4. FUNERAL DIRECTOR V.CLARKE MATT	INGLEY LEONA	ADDRESS ROTOWN, MAI	RYLAND	250 RECD B	By REGISTRAR 2 8 1965	2Sb REGISTRA	R'S SIGNATURE	ege.

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FOR STATE HEALTH DEPT.

O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay pessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

333

	Division of	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAN
1	8952	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	2.1

-	, I.	a. COUNTY St. Ma			MARYLA	ND	a. STATE North Ca		b. COUI		esidence	Detore adr	nission)
		b. CITY DR TOW Write RURAL	N (If outside corpora and give nearest town	vn)			c. CITY OR TOWN (If			rite RURAL	end giv	e neares	t town)
		d. NAME OF HOS	SPITAL OR INSTITUTION	ON (If not	in hospital, give street add	ress)	d. STREET ADDRESS		701		0	IS RESI	DENCE
8		ST. 1	ARY'S HOSE	TAL			Route 2				Y	ES _	NO
	3.	NAME OF DECEASED		rst	Middle	777	Last	4. DATE OF	Mont		Day	Yea	
		(Type or print) SEX	NORM		Α.	- 1	NDERSON	DEATH			26	19	65
	Э.		6. COLOR OR RACE				. DATE OF BIRTH	9.	AGE (In years last birthday)	Months	Days	Hours	Min.
		Male	White		WED DIVORCED		June 18, 19		30 yrs.				
	dur	Ing most of work Laborer	ION (Give kind of work ing life, even if retire		ob. KIND OF BUSINESS OR INDUSTRY Construction		North Car		gn country)	12. C	ITIZEN COUNTRY	P WHAI	
	13. FATHER'S NAME						14. MOTHER'S MAID	EN NAME					
		Norman H	[enderson			10	Lousia D	ail					
	15.	WAS DECEASED	VER IN U.S. ARMED FO	RCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT	13 17	Addre	SS			
	(16	a, no, or unkown,	(It yes give war or gates o	it service)	To the last	Lou	isa Henders	on Rt.	2 Wall	ace,	N.C.		
	N	Conditions, if gave rise to cause (e), si underlying caus	Immediate atting the last.	(a) (b) 10 (c)	Dehydration co	of t	the liver					WAS AU	
2	ICATIO							13.5			YES	PERFORI	MED?
	CERTIFICATION	20a. EXTERNA PRIMARY ☐ or CAUSE OF DEAT	CONTRIBUTING [20	Ob. DESCRIBE HOW INJURY	occu	RRED. (Enter nature of	injury in Pa	rt I or Part II (of Item 18	.)		
	MEDICAL	20c. TIME OF Hour a.r p.i		V	Od. INJURY DCCURRED 2DO While Not While at work		CE OF INJURY (Home, fa ry, street, office bldg., e		(City or town)	(Co	unty)	(S	tate)
		21. I certify	that I took charg	e of the	remains described above	e, hel	d an Autopsy 🔀,	Inspectio	n 🔲, Inqu	airy 🔲,	and	in my c	pinion
		death result	ed from: Natura	causes	X, Accident ,	Sui	cide , Homicio CHIEF MEDICAL		Undetermined X	i manner			
		ACTUAL SIGNATURE	ONOT	w			_M.D. ASSISTANT MEI					DATE S	
1		EXAMINER'S NAME (Type)	Russel	11 S.	Fisher, M.D.		DEPUTY MEDIC Address (Street	t, city, town,	or county)			-27-6))
	24	Built FUNERAL DIRE	cial 12-30	-65			ily Cemeter	Duke	STRAR 25b	. N.	S.		ate)
	-							12.17					

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FOR STATE MI HEALTH DEPT.

TO DEPUTY MEDIA. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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	MARYLAND ST	TATE DEPAR	TMENT OF	HEALTH	
Division of STATISTICAL	RESEARCH AND	RECORDS, 301	W. PRESTON	STREET, BAL	TIMORE 1. MARYLAND

1695	3 M	EDICAL	EXAMINER'	S CERTIFICA	ATE OF	DEATH	9	10334
1. PLACE OF DEAT a. COUNTY S	T. MARY S		MARYLAN	a. STATE	RYLAND	deceased lived, If ins	VTV	nce before admission)
write RURAL	VN (If outside corpora Land give nearest too CHANICSV [LL	vn)	c. LENGTH OF STAY IN	Y	N (If outside	corporate ilmits, wr LLE	ite RURAL and	give nearest town)
d. NAME OF HO	OSPITAL OR INSTITUTIO	ON (if not In ho	ospital, give street addre			CAPT ST.	Mary 1s	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	CHRIS	Irst STE	Middle Konstantin	Last E HENES	4. DA OF DE	TE Monti		Year 1965
5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		9. AGE (In years last birthday) 70 yrs.	I IF UNDER 1 YE	AR IFUNDER 24 HRS 8 Hours Min.
during most of worl		done 10b. Kr	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLAC	E (State or f	oreign country)	12. CITIZI COUNT U . S	
	TANTINE HEN			14. MÖTHER'S	AAIDEN NAMI			
(Yes, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates	of service) 57.7	-48-1608	17. INFORMANT Virs Dejantra	HENES	SAME AS	" -	OVE
Conditions, if gave rise to cause (a),	EATH WAS CAUSED BY IMMEDIATE CAUSE OUE eny, which Immediate stating the DUE	(a) TO (b)	ne for (a), (b), and (c).]	can An	farel		0	ITERVAL BETWEEN NSET AND DEATH AND
PART II. OTHER		(c) Ons <u>contribu</u>	TING TO DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASEC	ONDITION GIVEN IN		9. WAS AUTOPSY PERFORMED?
20a. EXTERNA PRIMARY OF CAUSE OF DEA	AL CAUSE WAS CONTRIBUTING THE	20b. D	PESCRIBE HOW INJURY	OCCURRED. (Enter natu	re of injury i	n Part I or Part II o	of Item 18.)	
Hour e.	INJURY Month, Day, m. 19		Not While at work	PLACE OF INJURY (Hom actory, street, office bld	lg., etc.)	f. (City or town)	(County)	(State)
21. I certif death resul actual signature		e of the rem	ains described above, Accident,	Suicide , Hor CHIEF MED M.D. ASSISTANT	micide, DICAL EXAMIN MEDICAL EX	AMINER _	manner [and in my opinior
EXAMINER'S NAME (Type)			Boyo M. D.	Address (S		own, or county)	12/	23/65
BURIAL CREE	14-41		CEDAR HILI	CEMETERY	Su	LOCATION (City, to	Manus	MO
24. FUNERAL DIR		308 SULT	ADDRESS		EC 28	1965 25B. R	lianles	Judge

VR AISME (5) 5M 1/65

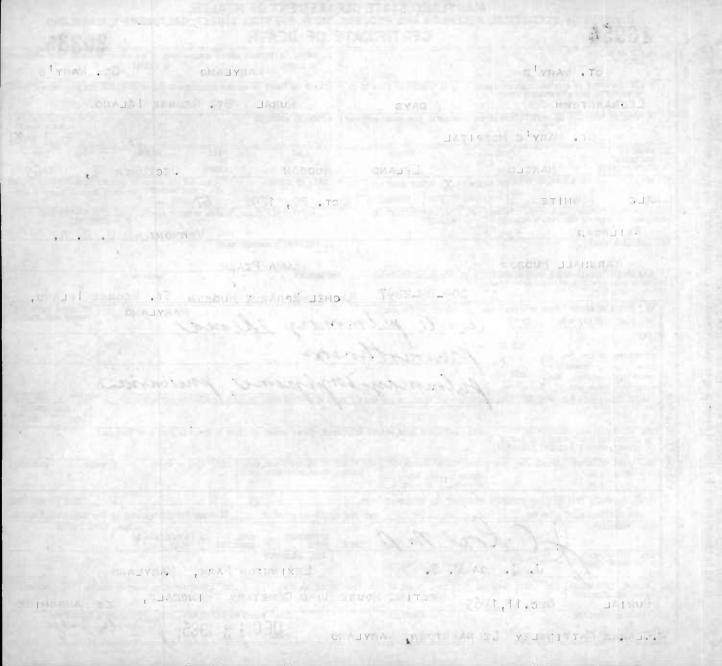
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To FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	RE 1, MARYLAND
16954	CERTIFICATE OF DEATH	20335

	1092	4		CERTIFICAT	E OF DEATH	1		211	235
1.	PLACE DE DEAT	Н			2. USUAL RESIDEN	CE (Where dece	ased lived, If Ins	titution: Resid	ence before admission)
		T. MARY S		MARYLAND	a. STATE MA	ARYLAND	b. coun	ST.	MARY S
	b. CITY OR TOW write RURAL	VN (if outside corporat and give nearest tow	e limits, n)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If				give nearest town)
	LEONAR			7 DAYS	RURAL	ST.	GEORGE	SLAND	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not In h	ospital, give street address)	d. STREET ADORESS				e. IS RESIDENCE ON A FARM?
		ST. MARY S	HOSPITA	AL.	1				YES NO NO
3.	NAME OF DECEASED	Fi	st	Middle	Last	4. DATE	Month	1	Day Year
	(Type or print)	HAROLD		LELAND	HUDSON	DEATH	DECEM	BER 8	1965
5.	SEX	6. COLOR OR RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1 Y	AR IF UNDER 24 HRS.
1.3	MALE	WHITE	WIDOWED	DIVORCED	ст. 20. 189	8 6	7 yrs.	Months Day	ys Hours Min.
10a	. USUAL OCCUPA	TION (Give kind of work cing life, even if retired	one 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (C) 12. CITIZ	EN OF WHAT
dui	RAILRO	,	"	ואוכטעוי		,	/======	COUN	
13.	FATHER'S NAM				14. MOTHER'S MAID		ERMONT	1 0.8	D. A.
	Man								
15		SHALL HUDSO EVERINUS, ARMED FO		SOCIAL SECURITY NO. 17.	EMMA P	EASE	Addres		
		(If yes give war or dates of	service)		INFURMANT ,				
				09-09-2297 RA	CHEL SPRAGU	E HUBSO	N ST.	GEORGE	ISLAND,
	18. CAUSE DF	DEATH [Enter only one	cause per li	ine for (a), (b), and (c).		0	MARYLA		NTERVAL BETWEEN DNSET AND DEATH
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (4C	ule pulm	mary en	Um			MISEI AND DEATH
	5271	DUE		1 ,,					
	Conditions, if	any which \	0	minutan	MX-				
	gave rise to	Immediate ((b)						
	cause (a), s underlying caus	tuting the	(c) bu	lmman &	whenem	W. K	nun	nen	
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIO		ITING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASECOND	ITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED?
CA									YES NO
#	20a. ACCIDENT	WAS UNDERLYING	20b. [DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	f Injury in Par	t I or Part II o	f Item 18.)	
CER	OR CONTRIBUT	ING CAUSE OF DEAT	IER)						
		INJURY Month, Day,	1	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	erm. 20f. (C	City or town)	(County)	(State)
MEDICAL	Hour a.		While	Not While facto	ry, street, office bldg., e	tc.)	or coming	(outlie)	(0,000)
M		m. 19	at work	at work					
	21. I certif	fy that (I) (this hosp	ital) attende	ed the deceased from	, 19	9, to		, 19,	that (I) (we) last
		ceased alive on	1	19, and that	death occurred at_	M, from	m the causes		date stated above.
	22a. SIGNATU	RE /	11_	lmn	ATTENDING -	MED. —	STAFF	22b. DATE	SIGNED
		1.	MI	/n // M.D	. PHYS.	DIRECTOR _	PHYS.		
	22c. PHYSICIA NAME (T	unoil			22d. ADDRESS				
		J. C.	. ROA N	1. D.	LEXINGT	ON PARK	, MARYI	AND	
23a	. BURIAL, CREM	MATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETERY			ATION (City, to	wn or county	(State)
	BURIAL	DEC.11	.1965	MEETING House	ROAD CEMET	ERY HI	INSDALE,		HAMPSHIRE
24	. FUNERAL DIRI			ADDRESS		C'D BY REGIST	TRAR 25b RE	GISTRAR'S S	CNATURE
M	-CLARKE	MATTINGLEY	1 FONA	RDTOWN. MARYLA	DEC	1 3 19	65	iarles	Lugge
- 01	A A PRIVITA	THE PERSON LANGUAGE	mer Children	APPLICATION AND ADDRESS OF THE PERSON AND AD	1 Ditter		1 0		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	16955	CERTIFICA	IE OF DE	AIH		2	1836	
1.	PLACE OF DEATH			SIDENCE (Where	decaased livad, If i		sidence before	admission)
	st. Marys	MARYLAND	a. STATE Mary Lar	nd	b. COUN	Marys	t	
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16			orporate limits, writa			own)
	write RURAL end give neerest town)	21 770070	Califor	າກຳຄ				
_	Patuxent River, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give streat eddress)	d. STREET AD				e. IS	RESIDENCE
					, , ,			N A FARM?
	Station Hospital U.S.	Naval Air Sta	Last	tuxent F		d.	1 1	NO K
	DECEASED		Lasi	OF DEAT	PRF -			
-	James William			DEA	Dece			9 65
٥.	SEX 6. COLOR OR RACE 7. MARRI		. DATE OF BIRTH		9. AGE (In years last birthday)		ys Hours	ER 24 HRS.
	Male Caucasiahwidow		June 30.	1896	69 yrs.			
10 de	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	(County & State,	or foreign country)	12. CITIZ	EN OF WHA	COUNTRY?
		S. Navy	West V	/irginia	1		USA	
13	. FATHER'S NAME		14. MOTHER'S M	AIDEN NAME				
	John Kelly		Laveri	Blackf	ord			
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			
	Yes 1917 to 1945	213 54 7620 (W	ifal Dor	nna A. K	CELLY	#2		
=	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	TIET DOI	IIIa A	WILLIAM	# 4	INTERVAL	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pno	eumonia					ONSET AN	avs
	1/201	Cumonia					-1/4	مري ت
	Conditions, if eny, which \ (b) IS	chemic Heart	Dicona				E 10	77.77.0
	gave rise to immediata cause	Chemite heart	DISease	3				ATO
	(a), stating the undarlying DUE TO	01	adding The				r 10	
7	PART II. OTHER SIGNIFICANT CONDITIONS CO	ronic Obstru				FALINI DADT 1	5-10	AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO.	MIKIBUTING TO DEATH BUT NO	OI KELATED TO THE	E TERMINAL DISEAS	SE CONDITION GIV	EN IN PARI	PER	FORMED?
ICA.							YES X	но 🗌
RTIF	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Entar nature of	injury in Part I or Pa	art II of item 1B.)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL			CE OF INJURY (Ho		City or town)	(Count	y}	(State)
MED	Hour a.m. While p.m. 19 at wo	0 1101 111110	,,					
	21. I certify that (I) (this hospital) after	ded the deceased from.	9December	er. 19.65	26Dece	mber6	5, that (1)	(we) last
	saw the deceased alive on 26 Decem	ber 19.65, and that	death occurred	1:3AM,AM	m the causes a	ind on the	date state	d above.
١,	228. SIGNATURE & L Maiser.	2	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHY5.	26D	ecemb	2b. DATE SIGNED
	22c. PHYSICIAN'S	M	22d. ADDRE				USNAS	
	NAME (Typa) E. T. MARCUS	IT MC HISNE	Patuz		ver. Mar			
22	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			CATION (City, tox			(Stata)
	REMOVAL (Specify)							
	remation 12/29/65	J.Wm.Lee Cr	ematory 2		Washington			
24	- Descusion		D	DFC on	1965	lianles	Judge	100
	P.B. Robinson - Leonardt	own. Maryland	D	AIE WU	1000 //	-	11 11	

VR A15 (4) 20M 5-63

task twall B. T. (bysley) Constitution (12/20/85) (3.11.) (25 Constitution (12/20/85) Caral (do do) Markey - most in the contract - the

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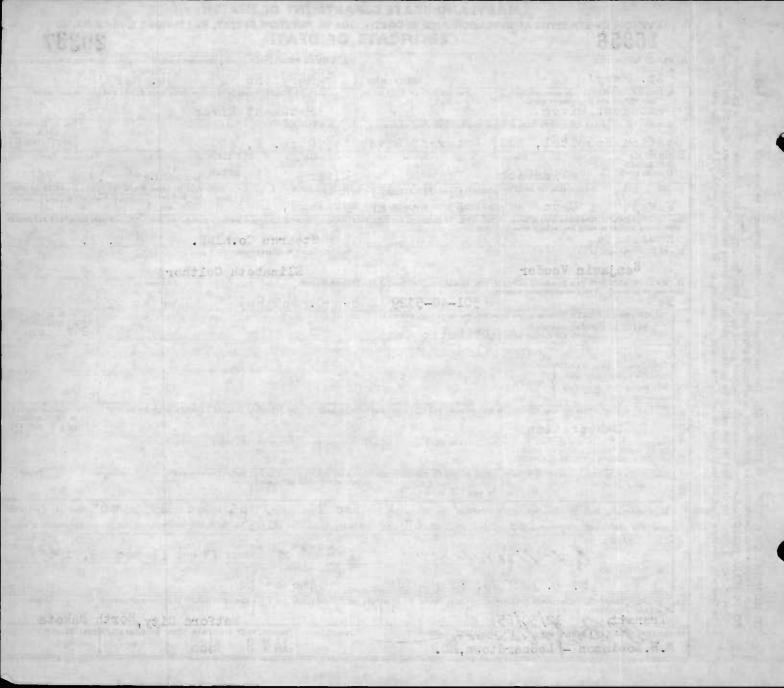
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16956 CERTIFICATE OF DEATH 2033

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)					
St. Mary's MARYLAND	o. STATE Maryland St. Mary's					
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
write RURAL and give nearest fown) Patuxent River	X Patuxent River					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS •. IS RESIDENCE					
Station Hospital, NAS, Patuxent River	Qtrs. P, MOQ YES NO YES NO NO					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
(Type or print) Elizabeth	Lizer December 29 1965					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS,					
Female Cauc widowed T DIVORCED	April 25, 1883 82 yrs. Months Days Hours Min.					
	11. BIRTHPLACE (County & State, or foreign country) 12. CffIZEN OF WHAT COUNTRY?					
Housewife	Stearns Co.MINN. U. S.					
13. FATHER'S NAME	14. MOTHER'S MAÉDEN NAME					
Benjamin Veeder	Elizabeth Colthorp					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address					
(Yes, no, or unkown) (Ifyesgivewarordatesofservice) No 501-40-5329 T.o.	and a limit and a second					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	ren C. Whitney Same as #2					
PART I. DEATH WAS CAUSED BY	ONSET AND DEATH					
IMMEDIATE CAUSE (a) Diabetic Coma	2 hours					
360 X DUE TO						
Conditions, if any, which gave rise to immediate cause (b)						
(a), stating the underlying DUE TO						
cause last. (c)						
PART fl. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
Dehydration	YES NO K					
PART fl. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Dehydration Dehydration 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRE 1 EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)					
	CE OF fNJURY (Home, farm, ! 20f. (City or town) (County) (State)					
Hour a.m. While Not While fact	ory, street, office bldg., etc.)					
	Dec. 29, 1965 to Dec. 29, 1965, that (I) (we) last					
	death occurred at 105M, from the causes and on the date stated above.					
22a. SIGNATURE E. L. Marsus M	ATTENDING MED. STAFF DIRECTOR PHYS. Dec 29, 1965					
22c. PHYSICIAN'S	22d. ADDRESS					
NAME (Type) E. L. MARCUS, LT MC USN	Same as 1d					
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)					
Transity 32/30/65	Watford City North Dakota					
24 FUNERAL MACTOR'S ENDISATURE LE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
P.B. Robinson - Leonardtown, MD.	JAN 3 1966 Julianles Judge					
	H V					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

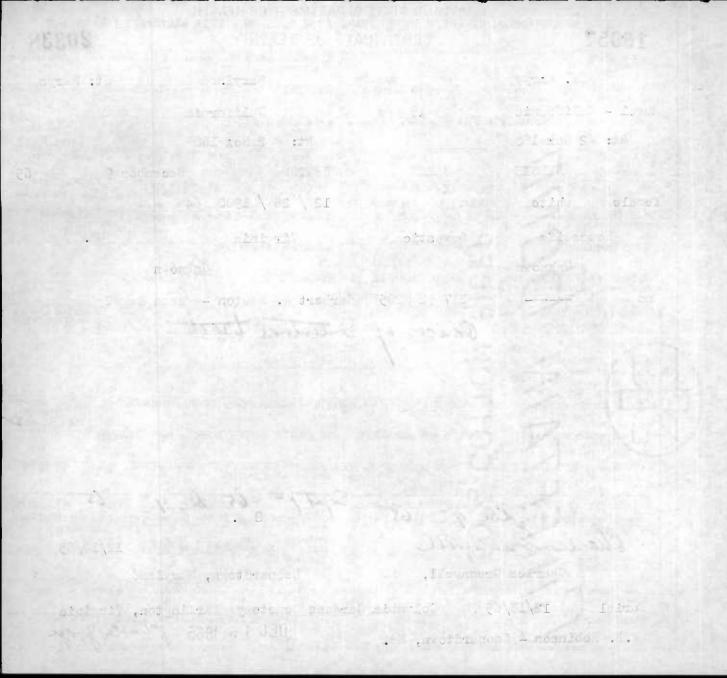
		WINTER OINTE DE				
	DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W	PRESTON	STREET BALTIMORE	1 MADVIAND
	DIVISION OF STATISTICAL	KESEAROII AIRD KESOKDS,	001 11.	. I KLSTON	STREET, DALTIMORE	I, WAKI LAND
-6	COET	OFFICIOATE	OF	DEATH.		311000
12	6957	CERTIFICATE		HEATH		50338
	0000					MUUUU

1.	a. COUNTY	Н				2. USUAL RESIDEN	CE (Where dec			esidence	before ad	mission)
	a. 000mm	St. Marys		MARYLA	ND	a. STATE	arvland	b. COU		. 1/5		
	b. CITY OR TOW	N (if outside corpora	ate limits,	c. LENGTH OF STAY		c. CITY OR TOWN (II					e neares	t town)
		California	,	15 vrs		X C.	aliforn	13.0				
			ON (if not I	In hospital, give street add	iress)	d. STREET ADDRESS		1.8		10	IS RES	DENCE
		#2 Box 160				/ Rt: # 2	Box 16	50		Y	ON A F	NO R
3.	NAME OF	F	irst	Middle		Last	4. DATE	Mont	h	Day	Yea	r
	(Type or print)	NELSYE		JAMES	26	NEWTON	OF DEATH	Decemb	per 9		19	65
5.	SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRIED	8.	OATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER	1 YEAR		
	female	white	WIDOW			12 / 26 /	1900	64 yrs.	Months	Oays	Hours	Min.
10a dui	a. USUAL OCCUPAT Ing most of work	TON (Give kind of working life, even if retire	done 101	b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (C	County & State,	or foreign country	() 12. CI	TIZEN (F WHAT	
1		usewife		Domestic		Virgin			T	ISA		
13	. FATHER'S NAM	E				14. MOTHER'S MAIL	DEN NAME					
		Unknown					T	nknown				
15	. WAS DECEASED	EVER IN U.S. ARMED F	ORCES?	16. SOCIAL SECURITY NO.	17. 6	NEDRMANT		Addre	SS			
(Y	es, no, or unkown)	(If yes give war or dates	of service)									
_	no			217 52 8205		rbert A. Ne	ewton -	same a	as #2			
				er line for (a), (b), and (c).	1		1.	1 -		INTER	VAL BET	TWEEN
	PART I. DE	EATH WAS CAUSED B'	Y: (a)	Dancer of	2	ntertual	ma	1		ONSI	I AND L	LAIL
	1539	2										
	Conditions, If	DUE										
1	gave rise to		(b)									
5	cause (a), si	tuting the	T0									
-	underlying caus		(c)									
2	PART II. OTHER S	SIGNIFICANT CONDITI	ONS CONTR	RIBUTING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL	OISEASE CON	DITION GIVEN IN	PART 1(a)		WAS AU PERFORI	
CA										YES		NO D
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING TING CAUSE OF DEATHER MEDICAL EXAM	TH 20b	. DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature o	f injury in Pa	ort I or Part II o	f Item 18.)		
	(IF EITHER, NO	TIFY MEDICAL EXAM	INER)									
MEDICAL	20c. TIME OF	INJURY Month, Day,	Year 20	d. INJURY OCCURRED 20		E OF INJURY (Home, f		(City or town)	(Cou	nty)	(S	tate)
0	Hour a.r		Wt	Not While	ractory	, street, office bldg., e	etc.)					
Σ	p.r			work at work	-	1110	15	A. 07	/	-		
0				ended the deceased fro			1963, to				at (1) (w	
		Andrea dille our	vec.	9 1965, an	d that	death occurred a	Da_M, fro	om the causes				above.
	22a. SIGNATU	// -//	20011			ATTENDING -	MED.	STAFF	22b. D/	ATE SIG	NED	
	ene		een	week	M.D.	PHYS.	OIRECTOR _	PHYS.	12/	10/6	5	
	22c. PHYSICIA NAME (T)	ma)				22d. ADDRESS						
		Charles	Gree	nwell, MD		Leonar	dtown.	Marylan	d			
238		ATION, 23b. DATE	THEREOF	23c. NAME OF CEN	TETERY	OR CREMATORY	23d. L0	CATION (City, to	own or cou	nty)	(St	ate)
10	Burial	12/12	165	Columbia	Gara	lens Cemete	A A	nlinatas	W:-			
24	. FUNERAL DIRE		1.00	ADDRESS	vare	25a. RE	C'D BY REGIS	rlington STRAR 25b. R	EGISTRAR'	S STGN7	TURE	
			T			DEC		65 gel	arley	Que	lge.	
	rebe f	rooruson -	ьеоna	rdtown, Md.		DATE	70 10			1	1	

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VR AI5 (4) 20M 1/65



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VR A15 (4)

	MARYLAND	STATE	DEP	ARTN	LENT
DIVICION OF CHARGES	DECEA DOLL A	ND DECOR	-	144 100	DDEC:

	MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF ST.	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_ 16958	CERTIFICAT	E OF DEA	111			20339	1
1. PLACE OF DEATH a. COUNTY		2. USUAL RES	IDENCE (Where d	eceased lived, If in	nstitution: Resi	dence before a	dmission)
Saint Mary's	MARYLAND	a. STATE	Maryland	b. COUNT	Sain	t Mary	13
b. CITY OR TOWN (if outside corporate limits,	e. LENGTH OF STAY IN 18	e. CITY OR TO	OWN (If outside con	porate limits, write	RURAL and g	ive nearest tow	'n)
write RURAL and give nearest town) Patuxent River, Maryla	and 2 HRS	Town	Creek				
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET AD	DRESS				SIDENCE A FARM?
Station Hospital, Patux	cent River, Ma	1. 107 El	m Court			-	NO I
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	ī	Day Year	
(Type or print) Eunice	Hynds	Smit		Decem	ber	3 19	65
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	15	AGE (In years last birthday)			
Female Cauc wipo	WED TO DIVORCED	FEB. 20,	1899	66 yrs.	Months Da	ys Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(County & State, or	foreign country)	12. CITIZE	N OF WHAT	COUNTRY?
Housewife		New H	aven Co	onneticu	t	USA	
13. FATHER'S NAME		14. MOTHER'S M	AIDEN NAME				M
? ?	1/26		? ?				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17	INFORMANT	5-1-1-1	Address		Town C	reek
No	36-24-8598 P	eter T. S	mith 10%	7 Elm Co	urt M	Marylan	d
18. CAUSE OF DEATH Enter only one cause p	er line for (e), (b), end (c).]					INTERVAL BET	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C	erebral Hemorr	hage					S,
331X DUE TO							
Conditions, if any, which (b)							
(a), stating the underlying DUE TO					1500		
cause last. (c)						** () () ()	
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(UTOPSY RMED?
CAT							NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of i	njury in Part I or Part	I II of item 18.)		15	
(IF EITHER, NOTIFY MEDICAL EXAMINER)							
		LACE OF INJURY (Honactory, street, office bld		y or town)	(County)	(State)
Hour a.m. W	hile Not While work at work	actory, silver, office bic	19., 510.,				
21. I certify that (I) (this hospital) att	ended the deceased from	n. 3. DEC	, 1955. to	3 DEC	, 196.5	, that (I) ((we) last
saw the deceased alive on3DEC							
22a. SIGNATURE	0/	ATTENDING					. DATE
tradelipo	mell	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED
22c. PHYSICIAN'S NAME (Type) F T KONTCE	777 T. M. A./O. 31/33173	22d. ADDRES	water and	D: W1			
NAME (1990) F. J. KONICE	EK LT MC USNR	Sta	Hosp Pax	RIV Ma			
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOC	ATION (City, tow	n or county)	(5	tate)
CREMAT SON DEC.4, 1965	BXXXXX C	EDAR HILL	Sut	TLAND.	Me	RYLAND	
2 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		A. REC'D BY REGIS	/269		NATURE	
W. CLARKE MATTINGLEY LEON	NARDTOWN, MARYL	AND DA	REC 6 1	965 /	ciarles	Lude	

TOTAL THE SECURE OF THE SECURE all the second of the second o THE LEGISLES COLUMN COL W.DLARKE LATE OF A LEGISLAND, WINDOWS OF A LEGISLAND.

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VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20341

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Mechanicsville	1.	PLACE OF DEATH a. COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY St.	sidence before admission) Marys					
Mechanicsville d. MAME OF HOSPITALO RINSTITUTION (if not in hospital, give street address) RUTAL 3. MAME OF HOSPITALO RINSTITUTION (if not in hospital, give street address) RUTAL 3. MAME DF BEEASE (IT NOT A FARM) RUTAL 3. MAME DF BEEASE (IT NOT A FARM) RUTAL 3. SAME DF BEEASE (IT NOT A FARM) RUTAL 5. SEX		b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b		end give nearest town)					
C. HAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) C. STREET ADDRESS C. H. S. RESIDENCE			Mechanicsville						
RUTAL RUTAL		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)							
Decake D		Rural	Rural						
SOMERVILLE DEATH Dec. 1 12 19 65	3.								
Mary Address Address Address Accident Approximate Actual Ac		(Type or print) JAMES EDWARD S	OMERVILLE DEATH Dec. 1						
Discrete	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3	B. DATE OF BIRTH 9. AGE (In years IF UNDER)						
INDUSTRY General Maryland COUNTRY? USA		male negro WIDOWED DIVORCED	11/1/1927 38 yrs.						
Labor General Maryland USA	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. C1	TIZEN OF WHAT					
14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yet, no, or unknown) (Uf yes give war or dates of service) 218 24 7041 Mary E. Bush - same as # 2 28. Cause DP DEATH LEnter only one cause per line for (a), (b), and (c). 27. INFORMANT 28. Bush - same as # 2 28. Cause Line to Immediate cause (a), stoking the underlying cause last. 00									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. Address 18. CAUSE OF BEATH LENGT ONLY OF SETTING 218 24 7041 Mary E. Bush Same as # 2 18. CAUSE OF BEATH LENGT ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	13.								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. Address 18. CAUSE OF DEATH LENGT ONLY OF SETTING 218 24 7041 Mary E. Bush Same as # 2 18. CAUSE OF DEATH LENGT ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY		Eddie Somerville	Bessie Shade						
18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c).] PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e). IMME	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	(10		y E. Bush - same as # 2						
MARCH ACTUAL Conditions, if eny, which gave rise to immediate ceuse (a), steting the underlying ceuse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS AUTOPSY PERFORMED YES NO [VES OF DEATH.] 19. WAS									
DUE TO CONDITIONS, If eny, which gave rise to immediate ceuse (a), steting the underlying ceuse last. PARTILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) PRIMARY OF CONTRIBUTING 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLAGE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Industry, and in my pinion death resulted from: Natural causes Accident Industry Medical Examiner Industry Medical Examin		IMMEDIATE CAUSE (e)							
Bay rise to immediate ceuse (a), steting the underlying ceuse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (a) PERFORMED? YES NO [V] PART II. OTHER SIGNIFICANT CONTRIBUTION CONTRIBUTION COUNTRIBUTION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (a) PERFORMED? YES NO [V] PART II. OTHER SIGNIFICANT CONTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION GIVEN IN PART I (a) PERFORMED? YES NO [V] PART II. OTHER SIGNIFICANT CONTRIBUTION COUNTRIBUTION COUNTR		3220 DUE TO	-0 (0.	10/					
Ceuse (a), steting the underlying ceuse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY occurred factory, street, office bldg., etc.) 20d. PLACE OF INJURY (Home, farm., 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Injury Industry Month Industry Industry Inspection Injury Industry Industry Inspection Injury Industry Inspection Injury Industry Inspection Injury Industry Inspection Injury Inj		Conditions, if eny, which (b) acute alcoholisms							
Underlying ceuse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COURSED. (Enter nature of injury in Part 1 or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSED. (Enter nature of injury in Part 1 or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) (County) (State) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY occurrence of injury in Part 1 or Pert II of Item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY occurrence of injury in Part 1 or Pert II of Item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY occurrence of injury in Part 1 or Pert II of Item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY occurrence of injury in Part 1 or Pert II of Item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY occurrence of injury in Part 1 or Pert II of Item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY occurrence of injury in Part 1 or Pert II of Item 18.) 20c. TIME OF INJURY MONTH OCCURRED. 20d. INJURY occurrence of injury injury (Currence of injury in Part 1 or Pert II of Item 18.) 20c.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PORT OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTIO		underlying source fact							
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion death resulted from: Natural causes	NO		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY CCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion death resulted from: Natural causes	CATI								
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY CCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion death resulted from: Natural causes	TIF	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Pert II of Item 18.)						
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY CCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion death resulted from: Natural causes	CER	CAUSE OF DEATH.	scrate vomitos						
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinion death resulted from: Natural causes Accident Suicide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED DEPUTY MEDICAL EXAMINER 22. DATE SIGNED DEPUTY MEDICAL EXAMINER 22. DATE SIGNED DEPUTY MEDICAL EXAMINER 22. DATE SIGNED	CAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)					
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death resulted from: Natural causes Accident Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE	2	21. I certify that I topk charge of the remains described above, held		and In my opinion					
CHIEF MEDICAL EXAMINER SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER LEXAMINER LE									
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NAME (Type) Wm. D. Boyd MD Leastern Street by Norm progenty				11-15-65					
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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	MARYLAND S	TATE DEPART	MENT OF	HEALTH		
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 301 1	W. PRESTON	STREET,	BALTIMORE 1	MARYLAND

1696	Ω	CERTIFICAL	E UF DEATH		2039	1
1. PLACE OF OEA	TH .		2. USUAL RESIDENC	E (Where deceased lived, If it	nstitution: Residence before a	dmission)
a. COUNTY	ST-MARY S		a STATE	h cou	48.5754	
		MARYLANO		RYLAND	ST . WARY'S	
b. CITY OR TO write RURA	WN (if outside corporate limits, L and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, w	vrite RURAL and give neare	st town)
		16150)		
d. NAME OF HO	DSPITAL OR INSTITUTION (If not I	n hospital, give-street address	d. STREET ADDRESS			
					YES _	NOK
3. NAME DF DECEASED (Type or print)	First	Middle	Last	OF		
			TURNER	1		
	6. COLOR OR RACE 7. MARRI	EO NEVER MARRIEO	8. OATE OF BIRTH	9. AGE (In years		
				584 81 yrs.	indicate days	
during most of wor	king life, even if retired)	INOUSTRY			ry) 12. CITIZEN OF WHA COUNTRY?	T
					U.S.A.	
13. FATHER'S NA	ME		14. MOTHER'S MAIO	DEN NAME		
WILLIAM	SHORTER		SADAH JAN	- C		
15. WAS DECEASED	EVER IN U.S. ARMEO FORCES? :	16. SOCIAL SECURITY NO. 17.			ess	
(162, 110, or Unkowil)	(11 Aez Biae wat of darez of zelaice)	214_16_3881	KATH CEN MILL	T- Sco	OTI AND	
I 18. CAUSE OF	DEATH Enter only one cause pe	er line for (a). (b) and (c). 1	1			TWEEN
		7	-, /1). 00	- 1 1 -		
10	IMMEDIATE CAUSE (a)	incula!	my Coll	agen	MM	_
140	ONE TO	of s	HIN 1	11		
Conditions, If	any which 1	an linamin	H MAAN	an maker	1 m	12
	Immediate (0)	The contract	, Carro	CPGIII CO	1	-
cause (a),	stating the OUE TO	#1	a Mail		6 00	کیلا۔
_	se last. (c)	1 rim	11/24	~	1) (14	W
PART II. OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING TO OFATH BUT NOT REL	ATEO TO HE TERMONAL D	ISEASE CONDITION GIVEN I	NPARTI(a) 19. WAS A	
AT			1 //			
E						NO [
日 20a. ACCIOENT OR CONTRIBUT	TWAS UNDERLYING 20b.	OESCRIBE HOW INJURY OCC	URREO. (Enter nature of	Injury In Part I or Part II	of Item 18.)	
S 20c. TIME OF			ACE OF INJURY (Home, fa	rm, 20f. (City or town)	(County)	State)
Hour a	4144	lie Not walle	ory, street, onice bidg., e	16.)		
			. 1 / 1	15	0 /=	
21. I cert	fy that (I) (this hospital) atte				U., 1965, that (1) (wet last
saw the de	eceased alive oh	27 1/1/19 6 Chand tha	t death occurred at.	M, from the gauses	and on the date state	above.
22a. SIGNATE	JRE /	VIII			22b. OATE SIGNED	-
	tes IT	Har INE M.			12/11/6	5
		1000	22d. AOORESS		1111	
NAME (JAMES P. JAR	BOE, M.D.	CPEAS	T Minie Me	1 /	
D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) SCOTLAND D. COTT AND D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) SCOTLAND D. COTT AND D. STEM AND STAMARY S ON A FARMY SCOTLAND J. SEX SCOTLAND DEATH DEATH DEATH DEATH DEATH D. SEX SCOTLAND SCOTLAND DEATH D. 1965 SEX SCOTLAND D. STEM AND SOR ARCH STAMARY S DEATH D. SOLOR OR RACE NON A FARMY YES NO SOLOR OR RACE TURNER DEATH DEATH D. 1965 SEX SCOTLAND D. SOLOR OR RACE STAMARY S D. AGE (In year In Funders) Funders and sold of the sex of refinition country) D. SEX STAMARY S D. AGE (In year In Funders) Funders and sex of sex o				tate)		
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24. TOMERAL UIK	LOTON	MODICE 55	ZIIF (FL		CONTRACTOR STUNATURE	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1895			CERTIFICAT	E UF DEATH	1		91	1249
1.	PLACE OF DEATI a. COUNTY	ST. MARY'S		MARYLAND	2. USUAL RESIDEN a. STATE	CE (Where	b. cour	YTY	ce before admission)
	b. CITY OR TOW write RURAL DRAY DE	(N (if outside corporate and give nearest town)	limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I			ite RURAL and ((ive nearest town)
_			(if not in ho	spital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
	d. Name of 1700	or Trac on Institution	(ii iiot iii iiot	spiral, give street address)	d. STREET ADDRESS				ON A FARM?
3.	NAME DF DECEASED (Type or print)	First		Middle	Last	4. DA	A 7714		
	SEX SEX	SARAH		M.	WHALEN	DE	ATH DECEMBE	R 1	1, 19 65
э.	SEX	6. COLOR OR RACE 7	MARRIEO [NEVER MARRIEO	8. OATE OF BIRTH		9. AGE (In years last birthday)	Months Oays	R IF UNDER 24 ARS. Hours Min.
-	EMALE	COLORED	WIDOWED [DIVORCED _	MARCH 12.18	08	85 yrs.	Mondis Cays	Tiours Imm.
10a dur	. USUAL OCCUPAT ing most of work	ION (Give kind of work do ing life, even If retired)	ne 10b. Kir	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (C	county & S	tate, or foreign country	12. CITIZEI COUNTE	V OF WHAT
-	HOUSE V			HOME		1118	MARYLAND	US	Α
13.	. FATHER'S NAM	E			14. MOTHER'S MAII	DEN NAMI	E	14-1	
		RED EXE GLAI			LETTI	E You	UNG		
15 (Ye	. WAS OECEASED I	EVER IN U.S. ARMED FORC (If yes give war or dates of se	ES? 16. S	OCIAL SECURITY NO. 17.	INFDRMANT	5	Addre	SS	
	No			NONE A	DELADDE W. E	ROWN	DRAYDEN	. MARYLA	ND
	18. CAUSE OF	DEATH [Enter only one of	ause per lin		4			INI	ERVAL BETWEEN
	PART I. OF	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(1)	700000	0			ON	ISET AND OEATH
	1/201			orun ug occ	- cue in				~ neus
	Conditions, If	OUE TO	0.	0.	1	2			,
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	cause (a), st	tating the OUE TO	,	0				-1111	
Z.	underlying caus			ING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL	OLOGACE	ONOTTION CIVEN IN	PART 1(a) 119	, WAS AUTOPSY
ICATIC				ING TO DEATH BUT NOT KEL	ALEO TO THE TERMINAL	UISEASE C	ONOTHONGIVEN IN		PERFORMED?
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINE	20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury Ir	Part I or Part II o	f Item 18.)	
MEDICAL	20c. TIME OF Hour a.m	INJURY Month, Day, Ye	ar 20d. IN.	URY OCCURRED 20e. PL/	ACE OF INJURY (Home, fabry, street, office bldg., e	arm, 20	f. (City or town)	(County)	(State)
ME	р.г	n. 19	at work	at work					
	21. I certif	y that (I) (this-hospit	al) attended	the deceased from	May 1, 1	940	to Dec ii	_, 1955_,	that (I) (we) last
	saw the dec	ceased alive on	live 9	1960, and tha	t death occurred at	1.307 M.	from the causes	and on the da	te stated above.
	22a. SIGNATUR	RE	1.1					22b. OATE S	IGNED
	1544		Mr	Can M.		MED. DIRECTOR	STAFF PHYS.	12/12	-115
	22c. PHYSICIA		4/3		22d. ADDRESS			1	140
	NAME (T)	/pe) P. (BEAN	: M. D.			GREAT MILI	LS, MARY	LAND
23a		ATION, 23b. DATE TH	EREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d.	LOCATION (CIty, to	own or county)	(State)
	REMOVAL (Spe	A A	965	ST. MARKS	CEMETERY		VALLEY 1 F	0.44	
	. FUNERAL DIRE		700	ADDRESS		C'D BY RE		EGISTRAR'S SIG	NATURE
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10502		CERTIFICAT	E OF DEAT	H		211343
	LACE OF DEAT	ST. MARY S		a STATE		lived, If institution: b. COUNTY	Residence before admission)
			MARYLAND	_11			
b	write RURAL	(N (if outside corporate limits, and give nearest town)		lk_			L and give nearest town)
-						de .	10.000105105
		T. MARY S HOSPITA		d. STREET ADDRES	S		ON A FARM?
3. 1	NAME OF			Last	A DATE	Month	
	Type or print)				OF.		
5. 9							
-				o. DATE OF BIRTH	last	birthday) Months	Days Hours Min.
	EMALE	111110110			65	yrs. 4	14
durin	g most of work	ing life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE		C	OUNTRY?
13	FATHER'S NAM	le l		14 MOTHER'S MA	MALRYLA	ND	U.B.A.
	TATTLE O TANK			14. MOTHER 3 MA	IDEN NAME		
					CCA YOUNG		
		EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITYNO. 17.	INFORMANT		Address	
				MOTHER	VALLE	v i e e M.	ARVI AND
1:	18. CAUSE OF	DEATH [Enter only one cause per	r line for (a), (b), and (c),]	MOTINER	TALLE	T LEE, W	I INTERVAL BETWEEN
		ATH WAS CAUSED BY:	1.	1			ONSET AND DEATH
	1010	IMMEDIATE CAUSE (a)	meliphen				7 Glifa
	47/1	DUE TO					
	Conditions, If gave rise to						
	cause (a), si						
. !	underlying caus	se last. (c)			*		
o I	PART II. OTHER S		BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINA	L DISEASE CONDITIO	N CIVEN IN PART 1(a)	19. WAS AUTOPSY
CAT	(3)	terocolitis					
를 -	20a. ACCIDENT		DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of Injury In Part Lo	r Part II of Item 18	
e (OR CONTRIBUTI	NG ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINER)		5111.251 (2.1101 1.1101)	or mjury m r ure r u		,
A Z	DC. TIME OF	INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home,	farm, 2Df. (City	or town) (Co	unty) (State)
MEDICAL	Hour a.n		e - Not while - I	ory, street, office bldg.,	, etc.)		
	21. I certif	y that (I) (this hospital) atten	ded the deceased from	w 25.	195 to	bc. 1. 196	that (I) (we) last
	22a. SICNATUI	RE			/		
			and.	ATTENDING			2/65
	22c. PHYSICIA	NY'S	The Mil		DIRECTOR P	113.	700
	NAME (T)	P.J.BEAN N	.D.		GREA	T MILLS. M	MARVIAND
23a.	BURIAL, CREM	ATION 1 23h DATE THEREOF	MARY LAND ST. MARY S de corporate limits,				
	DEMOVAL (Sp.	ectfy)		T OK GREWATURT	23d. LUGATIO	on (Gity, town of Co	unty) (State)
	BURIAL						LAND
100	FUNERAL DIRE		ADDRESS	25aR		250 REGISTRAR	'S SIGNATURE
W.	CLARKE	MATTINGLEY LEO	NARDTOWN. MARYL	AND DATE	6 1965	1 Town	July or

n and completely filled in by the funeral remove carbon papers. Pages I and 2 in any event, within 72 hours after death. after death. 24 hours executed within and in any TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in death certificate OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

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